

Item: 11

Policy and Resources Committee: 22 November 2022.

Integration Joint Board – Annual Performance Report.

Report by Chief Officer, Orkney Health and Social Care Partnership.

1. Purpose of Report

To present the annual performance report of the Integration Joint Board (IJB) in planning and carrying out the integration functions for Orkney.

2. Recommendations

The Committee is invited to scrutinise:

2.1.

The IJB's Annual Performance Report 2021/22, attached as Appendix 1 to this report, in order to obtain assurance that services commissioned by the IJB from the Council are performing to an acceptable standard.

3. Background

3.1.

Attached as Appendix 1 to this report, is the IJB's Annual Performance Report for 2020/21, which was considered by the Board on 21 September 2022 and agreed for submission to the Scottish Government.

3.2.

The Annual Performance Report is required, by statute, to be submitted to Orkney Islands Council and NHS Orkney.

3.3.

Performance Management is an integral part of operational management and will be monitored quarterly, with any concerns highlighted to senior management and Performance and Audit Committee meetings to allow appropriate and timely responses.

3.4.

The Performance Report, attached as Appendix 1 to this report, is based on national information collected by Public Health Scotland to highlight the performance of the Orkney Health and Social Care Partnership in respect of both the National Suite of Indicators and the Ministerial Strategic Group Indicators.

3.5.

Following the easing of restrictions relating to COVID-19, the Scottish Government agreed to re-align the deadline for the publication and provision of Annual Performance Reports, this meant Integration Authorities had the option to publish the Annual Performance Reports by October 2022 covering the 2021/22 period.

4. Key Highlights

4.1.

The Orkney Health and Social Care Partnership's performance in respect of the Core Suite of Indicators is positive.

4.2.

In the performance reporting Orkney is compared to seven 'peer group' areas and other Health and Social Care Partnerships in Scotland, as follows:

- Aberdeenshire.
- Argyll and Bute.
- Dumfries and Galloway.
- Highland.
- Scottish Borders.
- Shetland.
- Western Isles.

4.3.

Following inspections Orkney's proportion of services graded good or better by the Care Inspectorate has reduced from the previous year from 74% to 71%. Orkney, when compared to its Peer Group Partnerships in 2021/22, has reduced to the bottom of the table and has dropped below the national average of 78%.

4.4.

There has been a slight decrease over 2021/22, in the proportion of people who spent the last six months of life in the community across Orkney. This measure was previously compared per calendar year, however the data is now available in financial year terms, as seen in previous years. In 2020/21 the percentage was 93% and this has now decreased to 92% in 2021/22.

4.5.

There continues to be important improvement work relating to the services for children and young people within Orkney. In partnership with the Care Inspectorate, Orkney committed to embrace the learning and recommendations from continued reviews of services. Progress has been positive, despite the challenges of COVID-19, with ongoing support available to senior management to ensure momentum continues.

4.6.

Emergency admission rates have reduced from 10,002 to 9,675 per 100,000 population. This is a reduction of 3.3% and the second consecutive year this figure has reduced.

4.7.

Emergency attendances have increased by 22% in 2020/21 (4,784 in 2020/21 to 5,860 in 2021/22). This is in part an effect of the COVID-19 pandemic where in the first six months after lockdowns began, attendances at the Emergency Department reduced significantly for a prolonged period. Core 4-hour treatment target for the Emergency Department did reduce slightly compared to the previous reporting year, dropping from 97% to 95% for 2021/22. This in part will be due to the significant increase in demand highlighted above.

4.8.

The readmission rate within 28 days per 1,000 discharges decreased slightly by 0.4% to 76.1 over 2021. Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2021, with only Shetland remaining lower. Both Orkney and Shetland sit well below the Scottish rate of 110 readmissions per 100,000. At locality level in Orkney all areas followed similar trends to that of Orkney as a whole, the largest reductions were seen in Orkney East in the latter parts of 2021/22.

4.9.

Major success was evident in the Home First pilot project. The success of this pilot has resulted in the approval of recurring funding for the service.

5. Corporate Governance

This report relates to the Council complying with governance and scrutiny and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

6. Financial Implications

There are no financial implications directly arising from this report.

7. Legal Aspects

Under Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's IJB must prepare an annual performance report within four months of the end of the reporting year. The IJB must provide a copy of the performance report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

8. Contact Officers

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9. Appendix

Appendix 1: Integration Joint Board's Annual Performance Report.

Annual Performance Report

2021/22

Appendix 1.



Orkney Integration Joint Board



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The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the sixth report for the Orkney Integration Joint Board (IJB) and within it we look back upon the last year (2021/22). We consider progress in delivering the priorities set out in our second [Strategic Plan \(2019-22\)](#), with key service developments and achievements from the last twelve months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the National Integration Indicators and those indicators specified by the Ministerial Strategic Group (MSG) for Health and Community Care.

Foreword

Orkney IJB Chair – Issy Grieve

Before we begin, I would like to share my thanks with our partners and the community for their ongoing efforts throughout the coronavirus pandemic. Orkney has shown incredible resilience and a deep sense of community as everyone worked together to stay safe in the most challenging times seen in a generation.



This report covers our 6th year as Orkney's Health and Social Care Partnership. Throughout this report we will learn more about the efforts of the Integration Joint Board and the community over the last year to keep services running and deliver positive outcomes during these challenging times as well as learning what is ahead and the developments, we hope to see over 2022/23.

I hope you enjoy learning more about the efforts of 2021/22 and are as excited as we are to see what lies ahead in 2022/23.

Chief Officer – Stephen Brown



Welcome to the 6th Orkney IJB's Annual Performance Report and my second as the Chief Officer, Orkney Health and Social Care Partnership.

As with last year, my first words are a thank you to the efforts of colleagues, partners, and the wider community for their efforts throughout the pandemic. As restrictions are beginning to ease, we are now starting to see how the future will look living beyond the pandemic and can take comfort in the positive learning that has come from the incredible response of our community.

As I mentioned in last year's report from my first days as Chief Officer, I can see the strong community spirit which deeply runs through the heart of Orkney and the amazing lengths people have gone to when supporting friends, colleagues, neighbours and even complete strangers with the shared goal of making sure everyone within our communities are well and coping.

Over this last year we have worked exceptionally hard to deliver the best possible health and care services for the community but there is still plenty to do. I hope you enjoy reading about our work and that of our partners.

Orkney IJB Membership

The Orkney IJB membership consists of three members from both NHS Orkney and Orkney Islands Council (OIC). These Members have two NHS Orkney proxies and three OIC proxies respectively.



Standing from left to right:

Davie Campbell (NHS Non Executive Director).
Issy Grieve (NHS Non Executive Director and Chair).
Councillor John Richards, (Elected Member).

Seated from left to right:

Councillor Rachael King (Elected Member and Vice Chair).
David Drever (NHS Non Executive Director).
Councillor Steve Sankey (Elected Member).

Others who are involved

The Orkney IJB also holds a number of Non-Voting members including professional advisors and stakeholder members.

Non-Voting members who act as professional advisors include:

- Chief Officer to the IJB.
- Interim Chief Social Work Officer.
- Chief Finance Officer to the IJB.
- A Registered Medical Practitioner who is a GP.
- A Registered Medical Practitioner who is not a GP.
- A Registered Nurse.

Non-Voting Members (Stakeholder Members) include:

- Staff Representative.
- Third Sector Representative.
- Unpaid Carer Representative.
- Service User Representative.

Additional Non-Voting Members (Locally Agreed in Addition to Requirements) include:

- An additional Staff Representative.
- A Housing Representative.

Over 2021/22, a few changes have been seen with Issy Grieve commencing as the new Orkney IJB Chair, with the previous Chair, Councillor Rachael King, commencing the role of Vice Chair in May 2021.

Gillian Morrison ended her time as Interim Chief Officer for the IJB with the arrival of Stephen Brown as a permanent appointment to the Chief Officer role in May 2021.

Non-Voting Members (Stakeholder Members) also changed with the appointment of Danny Oliver as Orkney Islands Council's Staff Representative and Joyce Harcus appointed as the Unpaid Carers Representative.

An up-to-date list of membership can be found [here](#).



As with last year's report the first acknowledgement is a heartfelt thank you to our communities and everyone who played an active part in protecting Orkney throughout 2021/22, as the Coronavirus (COVID-19) pandemic continued. The efforts of all partners, NHS Orkney, OIC, the Emergency Services, and the third sector, continued to meet the needs of the community, amongst the ever-changing restrictions and, at times, extreme demands upon our local services.

Over 2021/22 we saw additional threats of the Delta and Omicron variants of COVID-19. With concern over how infectious the new variants were, we saw plans to remobilise many services put on hold until further information and advice was made available, regarding the variants and the potential threat they posed. Restrictions, which were previously lifted, were also reimposed short term, increasing the requirement for effective planning and adding additional pressure to services throughout Orkney, to ensure the community remained safe.

Orkney's infection rates continued to remain reasonably low throughout the pandemic, with the greatest challenges being seen in March 2022, where cases rose to some of the highest rates in the UK at 2,290 cases per 100,000 population. As of 4 April 2022, there had been 15 COVID-19 related deaths and a total of 4,816 COVID-19 infections in Orkney since the beginning of the pandemic.

As life moves into 2022/23, Scotland moves into another phase of the COVID-19 Recovery Plan and, as such, we will continue to see a scaling down of restrictions. As the requirement to test has been removed, we have seen changes in daily life, with some settings no longer require face coverings, and social distancing guidance having been amended.

Whilst it is positive that we are moving into a new phase, it is also important to remember that COVID-19 is still present within our communities. It still poses a risk to our health, and much is still unknown about how our lives will look, moving forward. It is likely we will see a number of practices changing and although not the world as we once knew it, we will begin to see a world resembling life before COVID-19 existed.

NHS Orkney COVID-19 Vaccination Response



As we move into the recovery stage of the pandemic, we can provide a full COVID-19 update.

NHS Orkney started the COVID-19 Vaccination Programme on Monday, 14 December 2020.

As an update to last years report, the Kirkwall Vaccination Centre (KVC) commenced a daily bookable service for vaccination appointments and has continued to undertake vaccination clinics, throughout Orkney, since mid-December 2020. Mass Vaccination Clinics were hosted in alternative venues to ensure the maximum possible protection was offered throughout our communities, efficiently and as quickly as possible.

In total, NHS Orkney has administered 53,020 vaccinations as of 4 April 2022. This has included a combination of first, second, third and booster doses. This figure will increase further over the next financial year with the introduction of vaccinations for 5–11 year olds and the spring booster for people over 75 years, care home residents and those who are immunosuppressed and severely immunosuppressed.

Over 2021/22, clinics continued to be run at a variety of venues across mainland Orkney, to capture as many of the population as possible. Information regarding the clinic times and dates was widely circulated to each age group, allowing good attendance numbers for vaccination.

For ferry-linked isles, a significant amount of logistical work was undertaken, to ensure that each island had a supply of vaccines in time to match the delivery happening on the Mainland. Across the islands, the vaccinations were delivered by General Practitioners (GP), Advanced Nurse Practitioners (ANP)s and Community Nursing staff, normally within the local practice setting.

In addition to the vaccination clinics, housebound patients, across all the islands, were supported by the Community Nurses and the Vaccination Team to be vaccinated within their own homes.

A summary of our results so far is listed below (as 4 April 2022):

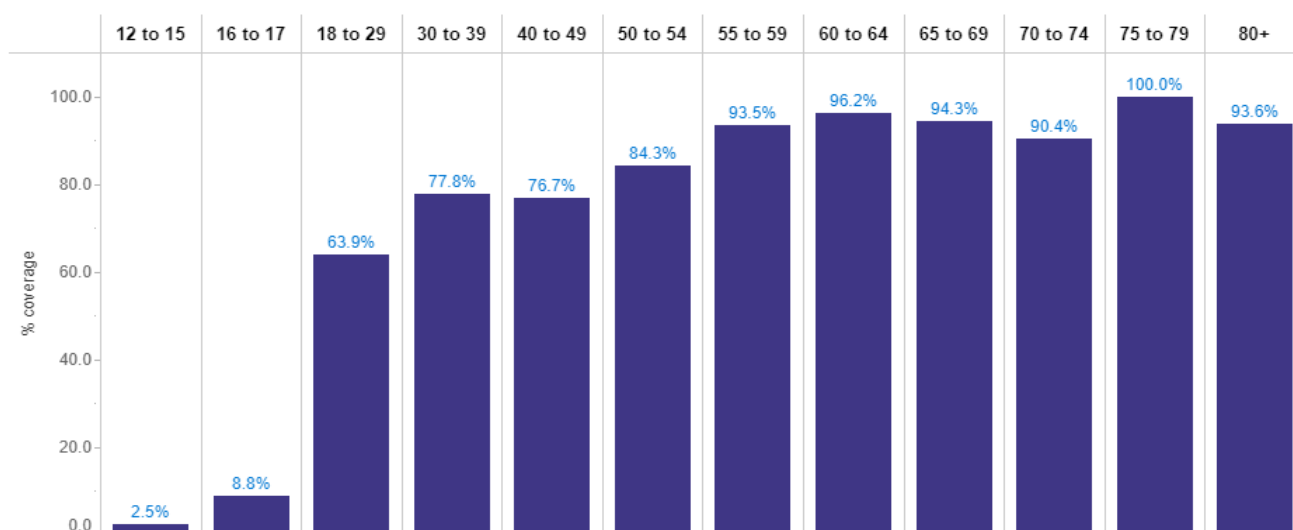
COVID-19 Vaccines – NHS Orkney	
Total first doses delivered	18,668
Total second doses delivered	18,108
Total third Dose + Booster	306
Total vaccines delivered	15,938
	53,020

The Joint Committee for Vaccination and Immunisations (JCVI), and the Scottish Government, recommend two doses and a booster for effective immunity, with current studies showing a third primary dose providing additional benefits and protection to particular groups.

With a highly successful vaccination programme Orkney can present the following vaccination uptake as percentages per age group:

The table shows results as of 4 April 2022.

Total % coverage by age group in NHS Orkney



The success of this vaccination programme has been supported by over 100 different vaccinators, drawn from a wide variety of disciplines.

The programme is supported by a dedicated admin team of 3.5 Whole Time Equivalent (WTE) staff, alongside management, logistical and operational support, provided by the Primary Care team, with strategic direction and oversight provided by the Public Health department.

The Vaccination Team has also worked very closely with Voluntary Action Orkney and the Red Cross, who have supported the roll outs by organising thousands of hours of volunteer time.

Performance of COVID-19 Response

Whilst the Scottish Government has not set hard targets for COVID-19 vaccinations, with most of the listed age groups, above, measuring over 80%, this should be considered a major success.

This was supported through excellent communication with the community by the Primary Care team and, while no formal targets were set for attendance at clinics, the performance was very good, with high turnout at all venues.

Looking to the future, the requirements of COVID-19 vaccinations across all ages is continually under review. The requirements of continual immunity to COVID-19 are unknown; however, as we progress through the recovery phases, this is likely to become clearer and, if required, additional planning to support any further work will be undertaken.

Key Priorities for Recovery

Staff have now largely moved back to their own substantive posts as services have re-opened, in the context of the continued delivery of statutory services, which have been prioritised throughout the emergency phase.

Services have been capturing all the information, lessons learned, and new ways of working, so they are prepared for further emergency responses, should they arise.

Some projects were able to continue throughout, such as the Home First Pilot, which will be mentioned further, within this report. The success of this project saw permanent funding agreed by the Orkney IJB to continue the service beyond the initial pilot phase. We will continue to capture the nascent good practice and positive outcomes of these projects, not only for their ability to run successfully throughout COVID-19, but also where the change has created both foreseen and unforeseen positive outcomes.

Day services have resumed, although, to enable support throughout the COVID-19 outbreaks and other severe staff shortages, they were closed for short periods. Additionally, due to COVID-19 restrictions, attendance continued to be somewhat limited at times.

Some people had opted to have different day supports during lockdowns and, it was observed, where these occurred, they had worked well and were more personalised to the individual. In many instances this support has continued for individuals.

Mental Health services will continue to ensure services are accessible and inclusive; services continue to use Near Me and the telephone for regular patient contact, with face-to-face contact being reserved for situations where remote access is counterproductive to patient wellbeing.

A further improvement observed was strengthening of the senior structure of Mental Health services, with the appointment of key personnel to the posts of Service Manager for the overall service, and a Consultant Psychiatrist for adult services.

Staff mental health and wellbeing are also important factors to consider as, without staff to operate our services, key areas of support are weakened or lost. As such, we continue to build on the positive wellbeing initiatives instigated during COVID-19. We are continually looking at ways to support and encourage our staff, whether these be local or national campaigns.

Key Achievements

Despite the challenges presented over 2021/22 there have also been some key successes:

Highly Successful Vaccination Programme, delivering 53,020 Vaccinations within Orkney.

Continued use of local Virtual Clinics (Near Me). 5,205 Calls made over 2021/22.

Maternity Unit received Unicef Commendation for full "Baby Friendly accreditation".

Creation of the strategic Performance Management Framework.

Positive report upon the developments made following Children's Services Inspection.

Employment of a new permanent Chief Officer.

Introduction of new specialists into GP practices through the Primary Care Improvement Plan.

New Joint Strategic Needs Assessment approved.

Continuation of Humanitarian centre aid, including the provision of supporting phone calls and voluntary support to the people of Orkney, throughout the pandemic.

NHS Orkney's Head of Primary Care was awarded Leader of the Year at the Scottish Health Awards.

Development of the COVID-19 Vaccination and Testing Centre.

NHS Orkney Maternity Department won team of the year award at the Scottish Health Awards.

Appointment of Clinical Director - Child and Adolescent Mental Health Service (CAMHS).

Health Visitors achieve "Baby Friendly accreditation" in high scoring Unicef assessment.

Permanent establishment of Home First team, improving delayed discharges and organisation of post-hospital care.

Key Challenges

In 2021/22 there have been several challenges facing the Partnership:

Requirements of Service Change

The impact of COVID-19 on services commissioned by the Orkney IJB has been unprecedented. It has required a significant degree of service change, within a short period of time, ultimately having a substantial financial impact, which is likely to continue over the medium term.

All frontline staff continued to attend workplaces and undertook frontline duties, including seeing all vulnerable people where feasible, within the Scottish national COVID-19 regulations. Some services changed their models of delivery in line with guidance and so, for example, some Day Services, initially closed, were able to reopen in a limited capacity.

The increased use of technology, such as Microsoft Teams, has, and continues to be, utilised daily within all organisations, and will remain in place for the long term.

Resilience Meetings continued throughout 2021/22, including Care for People meetings, but at a less frequent level than throughout 2020/21, when partners met to discuss and co-ordinate emergency responses.

New ways of working were developed during the pandemic and many areas are looking to continue to embed these. Consultation has begun to understand how best to use the lessons learned over the COVID-19 pandemic.

Senior Management

The Orkney Health and Social Care Partnership had a number of gaps in senior management posts over 2021/22, which were filled with interim appointments. One such post was that of our Chief Officer and this was successfully filled, on a permanent basis, in May 2021.

These gaps added additional strain upon services with senior level managers covering a number of posts which impacted upon capacity. Currently there are still some vacancies that are reliant on interim staff, such as the Head of Children, Families and Justice Service and Chief Social Work Officer.

Workforce, Recruitment and Agency Worker Reliance

Staff within the Partnership continue to be recruited in a timeous manner, ensuring vacancies are covered at the earliest possible point in social care.

As identified in last year's report, staff capacity was already an issue pre-pandemic, due to an almost full employment market in Orkney. This further exacerbated the need to staff additional emergency services, within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had

a substantial impact upon a pressured system, creating further requirements to employ higher numbers of agency staff to ensure a safe and sustainable service delivery.

Recruitment efforts have been impacted by a shortage of available and affordable housing within Orkney. It has been seen that roles can be recruited to, but the inability to provide a living space outside of working hours has limited the number of staff we are able to utilise. This not only impacts upon long term housing needs but has also created difficulties when agency staff have been sought.

These challenges resulted in the continued use of agency staff over 2021/22, creating medium term financial pressure to services. However, this continues to be monitored, with an ongoing focus on ways in which we can recruit and develop home-grown talent, going forward.

We continue to have staff shortages, which are an accumulation of difficulties in recruitment and unavoidable staff absence. Efforts continue to try and attract people to the social care profession, within the context of an already competitive and limited employment market. These constraints were particularly evident within the Care at Home service, where it was necessary to ask families to step-in to provide care over the festive period 2021/22. To support this service, Care at Home staff have seen a re-grading in their salary and are a focus of one of the recent recruitment drives within the Partnership.

Data Capturing and Reporting

The availability of data over 2021/22 has continued to be problematic in some areas, while the improvement of data availability has been seen in others.

Many of the key measures used by the Scottish Government for reporting have been delayed, or changed, in ways that make data comparisons harder. Additional data recording requirements were also introduced, at speed, such as the requirement to capture unmet need within the community. This stretched many teams and, in some cases, resulted in the duplication of complex recording for data submissions to the Scottish Government and Public Health Scotland.

The requirement to capture learning from COVID-19 has also added additional pressures upon teams. With new ways of working, and service redesign, there was an increased focus on recognising the changes that could be adopted into normal practice, alongside capturing the evidence required to show the benefits. Although there is significant benefit in doing this, it increased pressure on Orkney's small but efficient data teams, with an added requirement to learn new ways to record and collect this data, resulting in the recording becoming more complex.

One of the greatest challenges continues to be the inefficiency of data infrastructures throughout organisations. The availability of systems to record complex data sets, which can also generate reports timeously, are not in place. As such, some reports require supplementary staff time to add context and value to the data, to allow meaningful information to be provided to management. This supports informed decision making by providing stronger evidence bases when planning for future

developments. Investment in data infrastructure to modernise many of the ways data is collated and used would be beneficial to save time, reduce costs, and provide accurate, meaningful, reporting, in a way that is not so time intensive for local staff.

Performance Reporting

Performance reporting over 2021/22 continued to be limited, with the priority for all partners being a sustained focus on safe delivery of services, ongoing vaccination delivery, and meeting the changing requirements of COVID-19 restrictions.

Over 2021/22 a new Performance Management Framework was developed, and approved, to contextualise how performance, quality improvement, and continual learning assists managers within services to readily identify areas of potential improvement, whilst linking with national performance measures and desired outcomes.

A mapping exercise was also undertaken to identify where data is held, its purpose, and what value it provides to services within the Orkney Health and Social Care Partnership. Once completed, the aim is to make better use of existing data sources, creating more intelligent performance reporting within the Orkney Health and Social Care Partnership and the appropriate governance committees.

The challenges faced with OIC's case management system (PARIS) resulted in limited ability to pull reports from the system, from October 2021. The Orkney Health and Social Care Partnership and the Information Technology (IT) service have sought support from the system owner, CIVICA, who have plans to attend Orkney over 2022/23 to make improvements to the system.

A 'Systems Programme Board (HSCP)' was implemented in early 2022, and this will take forward the progression of robust and sustainable system development, over the next reporting period.

How We Measure What We Do

As a Partnership, we recognise the importance of self-evaluation, quality assurance, and performance monitoring, to enable us to identify areas of strength that we wish to build upon, alongside identifying areas for improvement.

Our commitment to continuously improve services, in order to promote good outcomes for individual and families, underpins everything that we do. Over 2021/22 ensuring the safe continuation of services remained a priority. Performance reporting restarted at committee level, with some bi-annual and annual reporting restarting.

For 2022/23, performance reporting will continue to evolve within the Orkney Health and Social Care Partnership, with a focus on regular reporting linked to the Strategic Plan and other associated service-specific strategies and plans.

Benchmarking with other Health and Social Care Partnerships aids the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation, have been grouped into 'family groups', which consist of seven comparator Partnerships. Orkney is placed in a family group alongside Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland, and the Western Isles.

Clinical care and professional governance are important aspects of our work, improving the wellbeing of people and communities by ensuring the safety and quality of health and social care services. Further steps have been taken to strengthen these links through the annual review of the Clinical and Care Governance Committee, which was renamed the Joint Clinical and Care Governance Committee. The Joint Clinical and Care Governance Committee continued to meet over 2021/22, consolidating clinical care and professional governance activities within all teams, across the Partnership. Operational teams now report through primary governance groups, ensuring a strong focus on governance activities and regular review of practice.

We recognise that our commitment to continuous improvement means that further work will be required during 2022/23, building upon and strengthening self-evaluation, quality assurance, performance monitoring, clinical care, and professional governance arrangements that are already in place.

Strategic Planning

Strategic Plan 2022 – 2025

The new Strategic Plan for 2022 – 2025 has been by the Orkney IJB in June 2022.

This Plan has built upon work highlighted in the previous plan and has taken consideration of the most recent Joint Strategic Needs Assessment (JSNA), alongside:

- NHS Orkney Clinical Strategy 2022 – 2027.
- The Island Wellbeing Survey 2022.
- The Child Poverty Strategy 2022 – 2026.

- The Orkney Mental Health Strategy 2020 – 2025.

A number of public consultations, coupled with the findings of the JSNA, identified several themes, which have been distilled into four Strategic Priorities:

- Unpaid Carers.
- Supporting Older People to Stay in Their Homes.
- Community Led Support.
- Mental Health and Wellbeing.

These sit within the context of two further overarching priorities:

- Early Intervention and Prevention.
- Tackling Inequalities and Disadvantage.

This Plan takes account of the excellent work seen in recent years, as well as reflecting the pandemic experience of the community. The Plan highlights our priorities and aligns our vision with that of the Scottish Government, focusing on improving wellbeing with our communities.

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) was also approved over 2021/22. This was completed in collaboration with the Orkney Health and Social Care Partnership, NHS Orkney, OIC, third sector, and the Local Intelligence Scotland Team, also known as LiST.

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JSNAs are not an end in themselves, but a continuous process of strategic assessment and planning; the core aim is to develop local evidence-based priorities for commissioning, which will improve the public's health and reduce inequalities.

Within the JSNA the most up-to-date available information was used, from a variety of sources, to identify key areas of need. These themes were pulled through into key areas of risk, consolidating the analysis and supporting the reader's understanding of the evidence the data provided, and how this was linked to need.

Orkney Health and Care Vision



Strategic Plan 2019 – 22

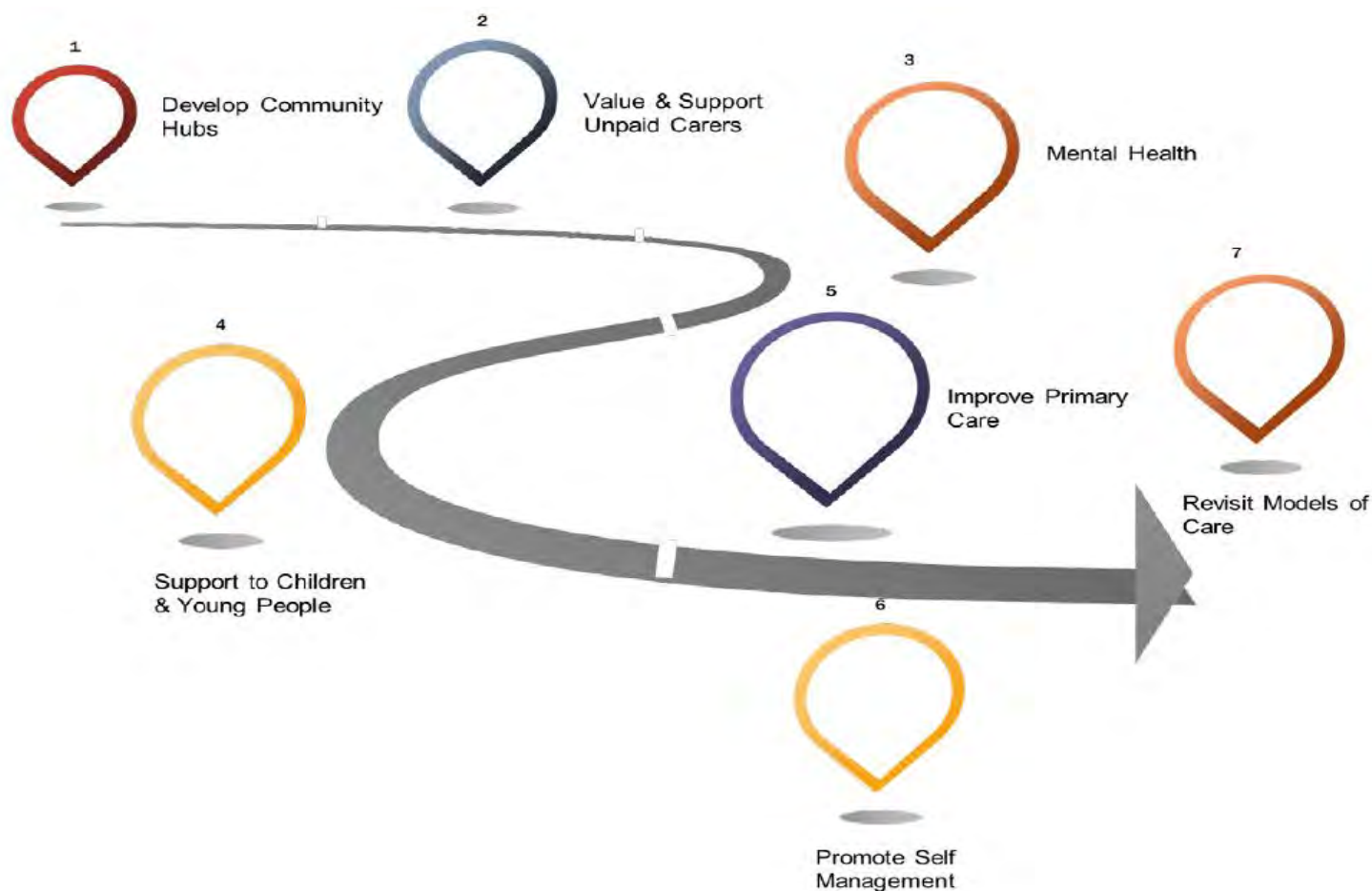
Orkney IJB’s Strategic Plan 2019 – 22 has now ended, with the new plan formulated and approved. The 2019 – 22 Plan was designed to be public facing and primarily included infographics for ease of reading and understanding. Although it was anticipated that the programme board approach would be implemented, this has not progressed as anticipated. Therefore, the Strategic Planning Group was reconvened, in accordance with legislation.

Although the Orkney IJB’s Strategic Plan for 2019 – 22 was approved by the Orkney IJB on 2 October 2019, there was a delay in producing the Strategic Commissioning Implementation Plan (SCIP) due to the impact of COVID-19 and priorities requiring a focus on the response to the pandemic.

Strategic and Operational Overview

In this section we give an overview of some of the achievements at operational level and demonstrate how they link to our strategic priorities. Throughout the pandemic there were various staffing challenges and capacity levels, resulting in managers needing to focus their time on ensuring safe operational delivery, rather than on strategic planning. Despite this, strategic planning progress continued to be made and is outlined on the following page.

Orkney Health and Care Strategic Priorities 2019 – 22



The following section outlines some key developments in the priority areas of the 2019 – 22 Strategic Plan.

Developing Community Hubs

Due to the COVID-19 pandemic, a decision was made to halt the development of community hubs over 2020/21, with government guidance prohibiting gatherings throughout the lockdown periods. Restrictions continued through 2021/22 and only began to fully ease in April 2022.

The development of community hubs is currently under review and detailed in the new Strategic Plan 2022 – 2025.

Value and Support Unpaid Carers

Unpaid carers play an invaluable role supporting family members who cannot look after themselves because of an illness, disability, or mental health problem. The devoted care they provide is delivered at home and out of sight. It's hard for the public to see, far less recognise, the difference unpaid carers are making every day to improve the lives of others, and it's easy to understand why many carers can feel

invisible – as if their tireless work in caring for others is all too easily forgotten or ignored.

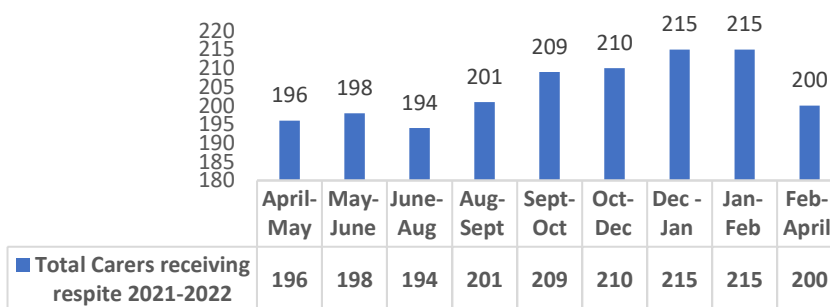
A considerable amount of work continues within the third sector to support unpaid carers and raise awareness of the support they provide within our communities. Two key partners who support our unpaid carers in our community are Crossroads Care Orkney and Age Scotland Orkney.



Crossroads Care Orkney

Information provided by Crossroads Care Orkney to the partnership showed that, in April 2022, Crossroads were supporting 260 unpaid carers of people with any disability or illness, throughout Orkney. They noted support was tailored to meet the needs of each individual and is person centred.

Free of charge respite is provided in, or outwith, the home, giving the carer time to themselves on a regular or occasional basis, meeting the needs of all concerned.



Crossroads Care Orkney have provided **7,721** hours of respite care to those who have accessed their service over 2021/22.

Additional services Crossroads Care Orkney provided over 2021/22 included:

- Operation of a Carers drop-in centre, which supports a number of carers within the community.
- January 2022 saw the remobilisation of the Carers support group, which gave carers an opportunity to mix and create wider support networks. The option was given to attend in person and virtually, allowing greater choice.
- The Independent Living Support Service (ILSS) provides support and assistance to those who chose to have direct payments. The assistance is aimed at those who employ their own carers to meet their needs, and empowers them with full choice and control regarding their care. The flexibility for this would not be possible without the support of the ILSS Manager.
- Orkney Carers Centre is the delivery partner for the Time to Life fund. This project enables carers to access funds and support, helping them to take short breaks that meet their needs. This funding is provided by Scottish Government. Due to the ongoing pandemic, Crossroads have worked closely with the Short Breaks scheme and have been creative in their approach to ensure that carers can take a break, without the need to leave their homes to do so.
- The Scotspirit scheme is another project that enables unpaid carers to have financial support towards having a break.

- Additional support is provided through the Young Carers' support worker, who now supports more young carers than ever before and continues to be very busy in her role, giving unpaid young carers the opportunity to have a break and mix with their peers. This service is highly valued by all who take part, giving opportunities to young people that they potentially would not have had otherwise.
- Crossroads also provides personal care to people, with or without a carer, and a service to children and young people with an additional need.



Age Scotland Orkney

Age Scotland Orkney also provided supporting data to the partnership covering their activity, over 2021/22. The following activity was provided in April 2022 for the year of reporting:

- Here2Help Age Scotland's home help service delivered 10,000 hours.
- Here2Care Age Scotland's home care service delivered 4,200 hours.
- 5,500 "Good Day" Calls were made.
- COVID-19 Wellbeing Calls to support people during COVID-19 and to reduce loneliness and isolation – 55 people were called twice a week, making a total of 5,720 calls.
- Remote carers support for carers online sessions and one-to-one personalised telephone support for 50 individuals.
- Virtual Hub support for 70 carers until it was safe to meet.
- Comfort Boxes were created and 40 boxes delivered.
- Health sessions providing information and support on balance and chair exercises to 50 people.
- Meaningful Activity guidance and practical support to access a wide range of remote activity was provided to 100 people.
- COVID-19 Initial support for vulnerable people including first point of contact for shopping, prescription collection, electricity top ups, general advice and signposting. This service fulfilled an identified void in provision and before the creation of the statutory Hub we supported 72 individuals.

Both Crossroads Care Orkney and Age Scotland Orkney expressed the vital role of virtual support, via telephone, email, and video call, in supporting this 'unseen workforce' with emotional support, information, and advice, being provided on a daily basis.

Mental Health Services

Community Mental Health Team

As highlighted in last year's report the, two main developments within Mental Health were the production of two strategies, which were approved in the autumn of 2020. The Dementia Strategy 2020 – 2025 was approved on 30 September 2020 and the Orkney Mental Health Strategy 2020 – 2025 was approved on 29 October 2020, both after extensive consultation processes.

Services have continued to implement the two strategies, where possible, over the last year. This has resulted in increased partnership working between the service and the third sector and is a positive outcome from the initial work undertaken.

Areas within the third sector that contributed towards support for those with dementia included Crossroads Care Orkney, who run a lending library, which has many different dementia resources for loan, along with activities such as jigsaws, which proved very popular over the winter months.

Progress made on the Orkney Mental Health Strategy included recruitment to a number of key posts, over 2021/22. Recruitment will continue due to new funding received, allowing us to have a full critical floor of 14 individuals with a role in the delivery of Child and Adolescent Mental Health Services (CAMHS) tier 3 and tier 4 services.

Work has also continued with development of Distress Brief Intervention (DBI) planning, which will support those vulnerable within our communities, at their time of need. Following receipt of funding, the Orkney IJB approved a small amount of additional funding, enabling the DBI Project to commence. The first contact was made in January 2022 and a full report on the project will be provided to the Orkney IJB upon completion of the project.

Further reporting on improved outcomes relating to the investment, planning, and strategies outcomes, will be provided in due course, once this information becomes available.

The biggest challenges Mental Health services have experienced this year were:

- The recruitment of staff to a remote and rural area being impacted by a number of challenges, including a lack of available housing to home newly appointed people.
- A continued increase in the imbalance of supply and demand in mental health, which has continued into 2021.
- The general impact of COVID-19 within the team.
- The ongoing maintenance of an Out of Hours rota, due to vacancies and unforeseen sickness.

These challenges all impact upon capacity and the responsiveness of the service. However, with restrictions easing and high vaccination levels prevalent within the community, we anticipate a reduction in challenges relating to COVID-19 and unforeseen sickness.

Child and Adolescent Mental Health Service

This year, the mental health needs of children and young people within Orkney has continued to be highlighted.

Additional funding was made available at the end of March 2022 and authorisation was given, by the Scottish Government, to utilise some funding on a non-recurring

basis, for four third sector projects, all designed to help meet the national CAMHS service specification.

The funding is a welcome addition to support children, young people, and their families and carers, and provides a number of new support options to the CAMHS service specification model.

This supplementary funding will see additional support made available within four areas:

- Home-Start – Peri-natal and post-natal support, including group work and signposting.
- Relationship Scotland Orkney – Play and creative therapies for younger children (infants-12) and parenting interventions.
- Orkney Blide Trust – Mental Health support for care experienced young people aged 16-25.
- Right There (previously Y People) – Mental Health support for those in supported accommodation (16+) and care leavers.

To support the mental health of children and young people within the community, over 2022/23, a Young Persons Suicide Prevention Task Force was formed. The aims of this group are:

- To review young people whom agencies are aware of who may have expressed thoughts of suicide, engaged in significant self-harm, or had previous suicide attempts, ensuring appropriate, individualised, supports are in place for all, and that information is appropriately shared where more than one agency may be involved.
- To monitor incidents and concerns as they arise, and ensure that response and follow-up is effective, co-ordinated, and proportionate.
- To explore emerging themes/common issues, which may require strategic responses and agree how best to deliver such response as required.

Statutory Mental Health Officer Activity

Mental Health Officers (MHO)

The local authority employs MHOs, who are Social Workers, and who have undertaken additional training in the Mental Health Act.

A successful application has been made to the Scottish Government for £34,000, allowing an additional Social Worker to undertake MHO training, which they hope to commence in 2022. This will increase the MHO cohort to five.

Approximately 100 people required support by MHOs within the Adult and Learning Disability Social Work staff complement, during the reporting period (there were three MHOs from 1 April - 30 September 2021, five from 1 October - 31 December 2021, and then four until 31 March 2022) and 30 people who did not require a MHO were supported by a Social Worker from the Community Mental Health Team.

MHO Activity

Social Work is crucial in delivering and maintaining excellent Mental Health services. Good quality Social Work can transform the lives of people with mental health conditions and is an essential part of multi-disciplinary and multi-agency working. In collaboration with our partners in Health, Social Care, Housing, Employment and others, Social Workers play a key role in identifying and accessing local services that meet people's needs at an early stage, helping to improve overall mental health outcomes and reducing the risk of crisis and more costly demands on acute health services.

For many reasons, not least of which is the worldwide COVID-19 pandemic, mental health and mental health services have been in national focus and there would appear to be heightened public awareness and interest.

Whilst it might be expected, due to restrictions of activity related to COVID-19 lockdown measures in 2019/20 and during a large part of 2020/21, there was an impact on the amount of MHO activity. Towards the end of the current reporting period, we saw an increase in other MHO assessment activity.

Table 1 below shows activity levels for Intervention and Guardianship from 2019 – 2021.

Table 1: Intervention and Guardianship Orders 2019 – 2021

Type of Intervention and Guardianship Orders	2019/20	2020/21
New welfare guardianship orders where the Chief Social Work Officer (CSWO) is the Guardian	<5	6
Total orders for which the CSWO is the Guardian	15	22
Number of assessments made by MHO in relation to applications for welfare guardianship including private and CSWO applications	40	62
Number of private Guardians being supervised by Officers of the Local Authority	63	32

Table 2 below provides activity levels for mental health intervention and orders from 2019 – 2021.

Table 2: Intervention and Mental Health Orders 2019 – 2021

Type of Order and Intervention (Adults)	2019/20	2020/21
Mental Health Compulsory Treatment.	0	6
Short-term detentions	<5	<5
Emergency detentions	7	7
Other MHO assessments (those not leading to detentions, assessments to extend or vary orders, and social circumstances reports)	7	23
Mental Health Tribunals	<5	6.

- Compulsory Treatment Orders are intended to create individual measures for the care and treatment of a patient requiring a degree of compulsion to accept these, done by means of a care plan, which may specify detention.
- Short Term detentions follow an assessment undertaken by a psychiatrist, to which an MHO must consent.
- Emergency detentions are intended to secure the immediate safety of a patient when there is no Psychiatrist available to undertake an assessment for short term detention. They are undertaken by hospital Doctors or GPs with consultation provided by an MHO.

One of the key challenges faced by our MHO team includes the absence of a permanent Consultant Psychiatrist for Adult Services. This has meant that detentions under the Mental Health Act are more often emergency detentions rather than short term detentions.

Orkney Blide Trust



Orkney Blide Trust is a charity dedicated to providing support for those who have, or have had, experience of mental ill health, and provide an invaluable support to people within our communities. As such, it was vital to capture their thoughts over the last year and they kindly provided the following information:

“2021/22 has been a very busy year for the Blide Trust! For the first few months we were open limited hours to members for pre-booked spaces, in order to comply with COVID-19 regulations, but by July we were back to being open 7-days a week.

During this year we welcomed 55 new members (service users) to the Blide so, with some people moving on, we had 160 members at the end of March 2022.

Support workers are always around for informal support, but this year we also provided almost 500 one-to-one meetings with members, and offered counselling sessions to 58 people.

Members were supported in the community by our Housing Support Service and Befriending projects, and we also organised a range of Active, Therapeutic, and Purposeful, activities as requested by our members to support their Mental Health Recovery.

Some of the highlights of this year were:

- Welcoming people (members and professionals) back into our building. Around 550 people come into our building each month.
- Our collaborative arts project entitled ‘The Map is not the Territory’ which involved Creative Writing, Photography, Mask-making and Drama, Painting and Audio-visual work. A link to the project can be found at <https://themapisnottheterritoryorkneyblidetrust.wordpress.com>.

- The launch of the Orkney Distress Brief Intervention service (DBI), a collaboration between the Blide Trust, the Scottish Ambulance Service and Police Scotland.

We are grateful to all our funders and the people who donate to us, without whom we couldn't do all of these things, and also for the respect and genuine affection that the people of Orkney seem to have for the Blide. It really makes a difference."

From one of our members:

"Normally I do not enjoy Winter but thanks to the photography workshop I was able to focus on the amazing Winter skies that we have here in bonnie Orkney. This Winter season is the first time ever that I have found Calm and Peace."

Support to Children and Young People

Throughout the summer of 2019 the Care Inspectorate, in partnership with Education Scotland, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary in Scotland, carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney, with the report published in February 2020.

In last year's report additional context was provided on the inspection and the first progress review.

There have been two Progress Reviews since the full inspection report of February 2020. The first was between April and June 2021 and the second was from February to 1 April 2022. This formed part of Care Inspectorate monitoring of services and their evaluation of improvements from the previous inspection activities.

Following these reviews there has been a range of developments taking place or being developed during the reporting period including:

- Continued work on the extensive Improvement Plan for children in need of care and protection.
- Significant Case Reviews, now known as Learning Reviews.
- Planning and preparation for the Care Inspectorate Progress Review.
- Partnership self-evaluation activity.
- Registered services inspections in Fostering, Adoption and Residential Care.
- Staff recruitment including Social Workers and managers.
- Delivery of training and development.
- Getting it Right planning and development.
- Production of practice procedures and guidance.
- Engagement in the process for the introduction of the new national Joint Investigative Interviewing model.

Progress Review Update

The Progress Review recognised the Orkney Partnership Board had made significant progress while having much work still to do. It summarised that despite the initial delay where opportunity for change and improvement was potentially lost, the Care Inspectorate was confident partners had subsequently taken the findings of the Joint Inspection in Orkney very seriously.

Chief Officers prioritised necessary change and improvement, alongside responding to the demands of the COVID-19 pandemic. They found evidence of progress, much of which was quite recent, in relation to the four priority areas for improvement from their 2020 inspection. This included a new Inter-Agency Referral Discussion (IRD) process, improved collaborative working through the relaunch of Getting it Right for Every Child (Getting it Right) and better support to staff through training and supervision.

Partners recognised they need to maintain the current momentum if improvement and change is to be sustained. Inspectors found this a particular challenge for Orkney given the limited number of senior officers, many of whom are still in interim positions, and the competing demands they face. They believe the visibility of senior leaders, especially those within health, is key to the impetus being maintained. Their profile is crucial to successfully driving the improvements still required and in sustaining the changes made.

The Inspectors found there is scope for partners to further refine and strengthen their strategic planning arrangements, supported by their self-evaluation approach and commitment to introduce effective quality assurance systems. For example, evidence is still required to show that the improvements intended to provide more effective support and intervention for children in need of protection, are in turn making a difference for them.

They believe children's rights and participation, for those who are not looked after by the Local Authority, is an under-developed area, and a multi-agency approach to the recognition of and response to neglect requires further investment. There is also opportunity to further improve practice, such as in relation to the use of chronologies and the preparation of outcome-focussed plans.

Recruitment and retention of staff, particularly Social Workers, continues to present challenges to operational practice, especially in the development of sustained relationships with children and families. Whereas changes to key processes had made the agreed approaches clearer and easier to follow, most of the changes had only been introduced relatively recently, over the previous six months, and were still being embedded. Although there were encouraging signs, it was, therefore, too early to see conclusive evidence of their effect, either on multi-agency practice, or on outcomes for children in need of protection.

Improve Primary Care

The Primary Care Improvement Plan for Orkney sets out an ambitious vision for how services will be delivered in General Practice and Primary Care, that operate in partnership with the wider health and care system.

There are particular challenges associated with delivery of these aspirations within the financial envelope available, particularly regarding more remote and rural geographical areas. Work has continued with NHS Orkney to identify how the resources available can meet the needs of Orkney's patient population, taking account of Scottish Government strategic priorities and taking account of clinical priorities.

With the Improvement Plan in motion, Primary Care has seen a number of improvements with additional professionals working directly from GP practices. This has seen the commissioning and introduction of:

Pharmacotherapy

This aims to transfer appropriate pharmaceutical tasks, most of which were being undertaken by GPs, to the pharmacy team. The team consists of a Lead General Practice Pharmacist, General Practice Pharmacists, and Pharmacy Technicians. This team have assisted with core activities, such as re-authorisation of repeat medications and acute prescribing.

This additional support will assist GPs by freeing up time and providing additional support to focus on improvements they would like to make within the practice. Over time, the intention is to employ more staff within the Pharmacotherapy workstream, maximising benefit to our practices, and making the most effective use of the skills and resources available.

Community Treatment and Care (CTAC)

The CTAC workstream involves taking work, such as phlebotomy and wound care, out of the mainland GP practices. From discussion amongst practices, two practices agreed to participate in a test-of-change around the set-up of this service. With other practices expressing an interest once the service is up and running. Funding was approved for 1.87 WTE Health Care Support Worker and 0.4 WTE Registered Nurse for the test-of-change.

A scoping exercise took place to establish current workforce data across the mainland practices, and audit work was carried out with practices on current clinics and nursing interventions, which was used to estimate a projected workforce that will continue to be refined, working alongside practices as the service is developed.

An options appraisal is currently underway to look at different delivery model options, gathering information on what has been done in other health board areas to help identify a preferred model of delivery in Orkney.

Community Link Workers

The Orkney IJB commissioned a 1.5 WTE Community Link Worker (CLW) Service from Voluntary Action Orkney. Initially, a significant induction and trial period was undertaken, with the CLWs based in two GP practices.

The CLWs commenced the service to patients in January 2020, and in September 2020 Voluntary Action Orkney commissioned and presented a review of the activity to date, along with evidence of the key impacts of the service. The key findings of the review were very positive, with significant benefits to both patients and services noted.

There was an extension of this service in 2021 from 1.5 WTE to 2.5 WTE ensuring patients of all practices can benefit from the service by increasing the availability of appointments.

Vaccine Transformation Programme (VTP)

The Orkney IJB previously commissioned the childhood vaccine programme. Staff have recently been recruited and induction commenced. The Scottish Government is currently placing a high priority on vaccination delivery and appreciates the additional workload GP practices are currently experiencing resulting from COVID-19. As such, they have removed all responsibility for vaccines from Practices, passing this to Health Boards, from October 2021.

An options appraisal is currently underway looking at a number of different delivery model options for the provision of Travel Vaccinations within Orkney, which is still currently being provided within GP practices until a model is approved and developed.

These additional services have supported patients to access the services they need closer to home, making treatments more available to patients with services not so focused on The Balfour Hospital but to position services within communities. Progress is ongoing and will continue to be monitored, with reports being presented to the Orkney IJB over 2022.

Promote Self-Management

Over 2021/22 the promotion of self-management continued. One of the ways in which this is done is through the in-house Care at Home Service. This team is committed to providing flexible, responsive, and high-quality care, which reflects individual needs and preferences, and encourages people to live as independently as possible in their own homes.

Additionally, promoting self-management has been tightly woven into the Primary Care Improvement Plan. This has seen the introduction of new roles within local GP practices and an enhanced multi-disciplinary approach supporting self-management.

Revisit Models of Care

One of the largest pieces of work undertaken in revisiting models of care has been in Unscheduled care. As mentioned within last year's report, a considerable level of work had been undertaken during the 2020/21 period, reviewing urgent care and how this functions. Orkney joined partners from Shetland, the Western Isles, Highland and Forth Valley, to commit to ongoing tests-of-change and to share learning on the experiences which will be reported upon over 2022/23.

The Orkney Health and Care Workforce Plan 2020 – 22 was approved in December 2020. This was the primary workforce plan, which identified longer term needs and risks in relation to health and social care workforce planning, alongside a commitment to identify the workforce needs of the third sector to be included in a subsequent plan.

The next Orkney Health and Social Care Partnership Workforce Plan is currently under development and will be presented later in 2022 for approval.

Future Workstreams

- With many services currently under restructure, additional workstreams have been created to improve many areas of service.
- Orkney Health and Social Care Partnership is a named partner, alongside East Ayrshire, who are the Lead Pathfinder, taking forward a project called “thinking differently and think TEC first”.
- Following on from a Financial Workshop looking at the sustainability of the partnership there was an action plan created which is now incorporated within the improving outcomes plan.

Adult Social Care Support and Protection

Adult support and protection includes:

- Complex and interconnected nature of harm.
- Value of skilled and open-minded practitioners.
- Need to build and maintain respectful relationships.
- Understanding that thresholds are not as clear cut as we might like them to be.
- Realisation that protecting means supporting, consistent high quality inter-agency work.
- Recognition that nationally opportunities for justice, through the court, might still be limited.

There has been a clear focus on adult support and protection work in this reporting period. Many senior staff, such as the Chief Social Work Officer and independent reviewing professionals, have worked closely together on a major self-evaluation of adult protection activity, which has led to a new improvement plan. An external consultant was commissioned by the Orkney Health and Social Care Partnership

and its partners, to undertake the review and contribute to the improvement work identified.

The audit comprised a review of operational practice, procedures, and a case file audit, involving staff and partners across the multi-agency adult services partnership. The results of the audit led to an update and refresh of operational guidance for health and care staff, and for multi-agency partners, which was launched in early September 2021, with plans to further report upon the impact of these changes to management over 2022.

A parallel process of revised forms and guidance, incorporating material into the Social Work information management system, has been undertaken. A refreshed introduction to adult protection is being progressed for multi-agency staff groups, third sector, and independent partners.

Further specific training has been delivered to Council Officers (Social Workers with responsibilities to investigate Adult Protection referrals), alongside a series of other focused training, for example, "Defensible Decision Making", "Chairing Case Conferences", "Self-Neglect and Hoarding". Further training being arranged across the Social Work service will focus on "Chronologies of Significant Events".

The Improvement Plan is now operational and will form the basis of continual service improvement and review activity, supported by the two new Sub-committees of Orkney Public Protection Committee, covering Learning and Development, and Quality Assurance.

In 2020/21 there were 190 Adult Protection/Police Vulnerable Person Database (VPD) referrals, a significant increase from the previous reporting period, possibly related to greater public awareness and an increased focus of service management within Adult Social Work services. The proportion of VPDs passed to Social Work services is dependent on criteria set by Police Scotland, and the Service Manager (Adult and Learning Disabilities Social Work), discusses VPDs with Police Concern Hub staff to ensure the most appropriate approach. All referrals are progressed to ensure appropriate support and protection is offered, including where the adult protection threshold is not met.

All referrals are discussed weekly with Highland (Police) Concern Hub to ensure effective information sharing and appropriate actions are taken. Some of these referrals required no further action and many resulted in information sharing with GP practices, the Community Mental Health Team, and the provision of support from agencies supporting people with mental health problems.

Key challenges faced by our Adult Social Work services included staffing issues within the Care at Home team. This issue has a knock-on effect to delayed discharges within the hospital setting, where patients, on occasion, have had to remain in hospital whilst a suitable package of care was arranged. The result is a continual balance of partnership working between NHS Orkney and the Orkney Health and Social Care Partnership, ensuring care is provided in a timely manner and, furthermore, there are beds available for inpatients.

Additionally, Out of Hours Social Work continued to play an active role in Test-and-Protect contact tracing, specifically contacting and supporting those isolating with COVID-19, ensuring they were kept safe and supported throughout their isolation period. At times of peak COVID-19 outbreaks this meant a single member of staff facing increased pressure, effectively running an out of hours service, alongside arranging support for people requiring isolation support, with as many as 30-40 calls being required to be made daily.

A recent review of Adult Social Work activity within Adult Support and Protection highlighted that, compared to the same previous reporting period, activity has increased by 33.1%.

Best Value

The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

- To make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development.
- To achieve break-even trading accounts, subject to mandatory disclosure.
- To observe proper accounting practices.
- To make arrangements for the reporting to the public of the outcome of the performance of functions.

Projects started over 2020/21 have continued and have been extended for 2021/22, following successful initial trial periods to support the Orkney IJB in relation to best value and support best practices. Some of these will be discussed below.

Distress Brief Intervention

On 1 September 2020, the First Minister, Nicola Sturgeon MSP, announced that the Distress Brief Intervention Pilot Programme would be further extended across Scotland, for a transition period through to 2024 and thereafter is expected to be fully embedded by NHS Boards across Scotland.

In June 2021 a proposal paper was presented to the Orkney IJB covering DBI and the positive impact this has had when trialled elsewhere. Funding was identified to support the project over two years with £50,000 from budgets held by Penumbra and the Orkney Blide Trust, with the expectation that more funding would be required in year two, due to projected increased costs with usage of the service increasing.

Evaluation of the project will be presented to the IJB on conclusion with the date of conclusion yet to be confirmed.

Home First

The Home First pilot commenced on 16 February 2021. This aimed to test a Home First/Discharge to Assess model to make an impact on hospital discharges for people returning to the community as quickly as possible, with improved outcomes for patients.

To provide a seven-day service the team of professionals included:

- 1 WTE Occupational Therapist.
- 120 hours Care at Home workers.
- 21 hours Social Work support.
- 15 hours rapid access physiotherapy support.

Support was provided to 53 patients over the pilot period and of these, 85% were severely frail. People with this level of frailty have significant issues with movement and how they manage everyday tasks, they also have a number of other diagnoses, such as dementia, osteoporosis, visual impairments, and multiple long-term conditions.

The evaluation of this pilot was reported to the Orkney IJB on 20 April 2022, covering the period from 16 February 2021 to 8 February 2022. The findings of the pilot were extremely positive with some key figures worth highlighting as follows:

- 71% reduction in days delayed in hospital awaiting Care at Home in 12 months.
- 530 bed days avoided by long term delayed discharges. This resulted in estimated savings of £499,970.
- 89% of occupational performance outcomes showed improvement.
- Additional capacity in services has been increased with 21,520 hours released.
- At point of referral to Care at Home, the visit hours required reduced by 27%.

Feedback by patients using the service was also positive. One quote taken from a patient explained:

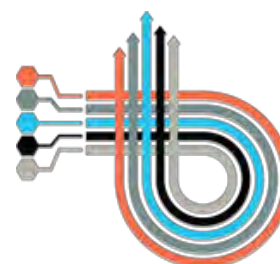
"I think it is a good service. I feel more independent at home; I can do more myself since leaving hospital. Who would have thought I would be sitting here peeling my own tatties!"

Multi-disciplinary teams also saw the benefits explaining that the service has not only impacted the immediate and obvious impact upon "freeing-up" hospital beds but also affects the longer-term pressures on the system through enabling patients, reducing their longer-term needs.

Following the success of this pilot, Home First has now acquired permanent funding, becoming part of standard service operation, from now on. The success of the pilot has also seen local media attention via social media and within the local press, on 28 April 2022.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) brings together a wide range of information about how all Scottish councils perform in delivering services to local communities.



**Local
Government
Benchmarking
Framework**

The data shared is the most recent available data, with a summary of where Orkney is placed amongst the 32 peers. Position 1 of 32 would be considered top performer with 32 of 32 as the worst. Orkney places as shown below for each measure.

No	Measure	Position (of 32)
1	Home care costs per hour for people aged 65 or over	30
2	Self-directed support (direct payments + managed personalised budgets) spend on adults 18+ as a percentage of total social work spend on adults 18+	13
3	The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home	6
4	The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2
5	Percentage of adults supported at home who agree that they are supported to live as independently as possible	1
6	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2
7	Percentage of carers who feel supported to continue in their caring role	2
8	Residential cost per week per resident for people aged 65 or over	31
9	Rate of readmission to hospital within 28 days per 1,000 discharges	1
10	Proportion of care services graded 'good' or better in Care Inspectorate inspections	31
11	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	15

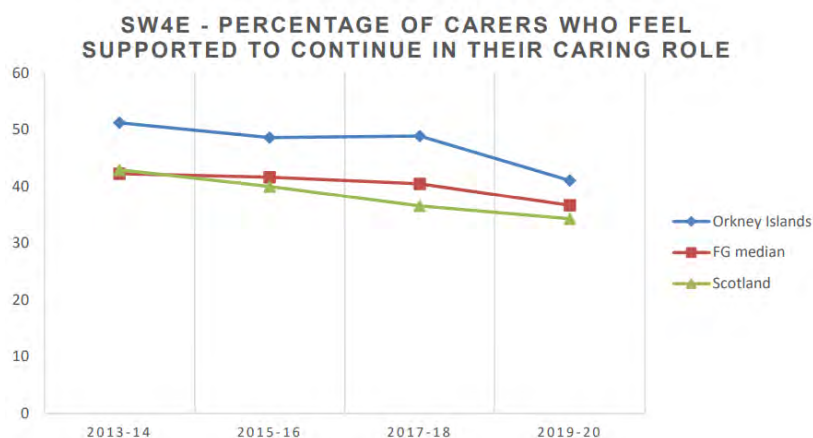
The overall performance is good. Orkney has five measures placed as either top or second top performer in Scotland. Those measures are:

- The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of carers who feel supported to continue in their caring role.
- Rate of readmission to hospital within 28 days per 1,000 discharges.

Scoring highly in these measures, when compared to our peers, was a success; however, there are still opportunities to improve our services.

It is important to note that one measure has reduced. This was the “*percentage of people aged 65 and over with long-term care needs who are receiving personal care at home*” dropping from second to sixth against our peers.

Considering the results further, one measure that shows an opportunity to improve is, the “Percentage of carers who feel supported to continue in their caring role”:



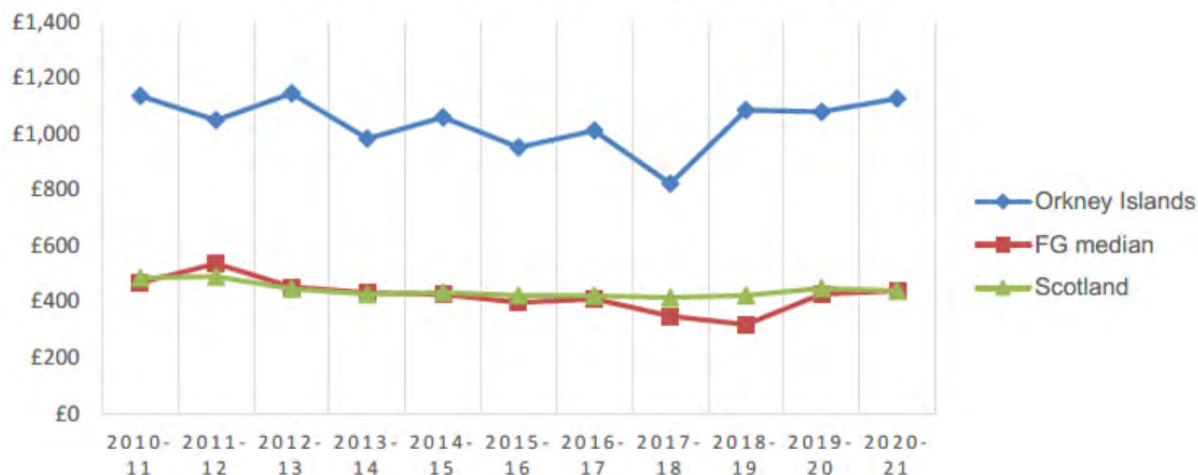
Despite being placed second highest for this measure in Scotland, it is a concern, that less than 50% of carers feel supported to continue in their caring role.

As highlighted in the last report, to improve this measure and better support Unpaid Carers, the Orkney Health and Social Care Partnership re-established the Carers’ Strategy Group during 2020. This group meets regularly and has undertaken a number of recent initiatives:

- The group has secured Carer Awareness Training from The Carers Trust, for statutory and third sector agency frontline staff.
- The carer assessment process (Adult Carer Support Plan and Young Carer Statement) has been developed to improve the experience of unpaid carers and simplify access to support services.

- The group has supported a number of local and national carer awareness campaigns, highlighting the support services available to unpaid carers.

SW5 - OLDER PERSONS' RESIDENTIAL CARE COSTS PER WEEK PER RESIDENT

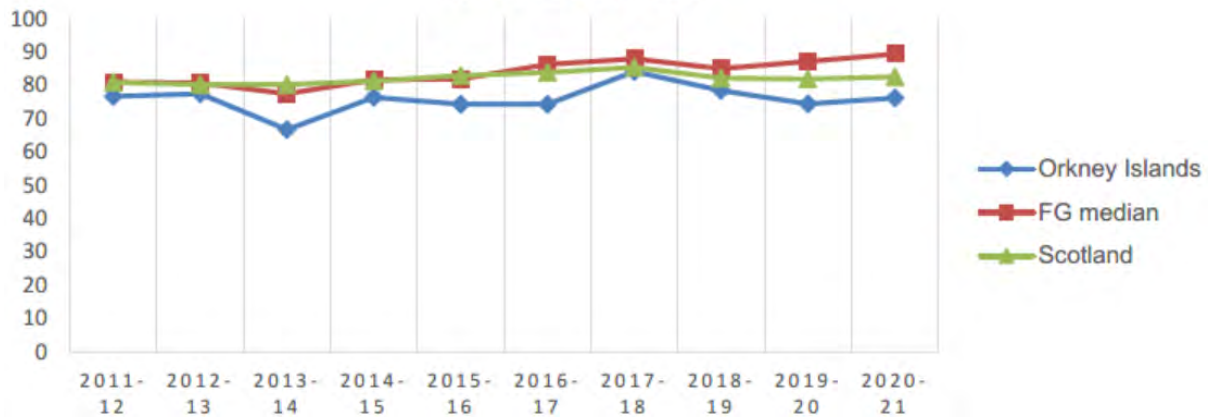


In relation to our lowest scoring measure, “Residential cost per week per resident for people aged 65 or over”, there are several reasons for the higher cost locally. Our residential care homes meet the needs of individuals with very high dependency, as we have no nursing homes in Orkney. We are keen to keep people as close to home as we can and rarely place people on mainland Scotland.

All our care homes are provided by the local authority and have higher running costs, often due to providing better staff terms, payment of distance islands allowance and conditions than those offered by private care home providers on mainland Scotland. Additionally, we are now in the position of having to rely to some extent on agency staff, which is more expensive both in salary and also in the need to provide accommodation. This is due to the difficulty to recruit and higher levels of sickness for multifactorial reasons, including an ageing workforce.

To ensure we are doing all we can to improve this rating, we will continue to closely monitor our costs, especially staff costs. We will ensure our reliance on agency staff is minimised by robust sickness management and innovative attempts to recruit locally.

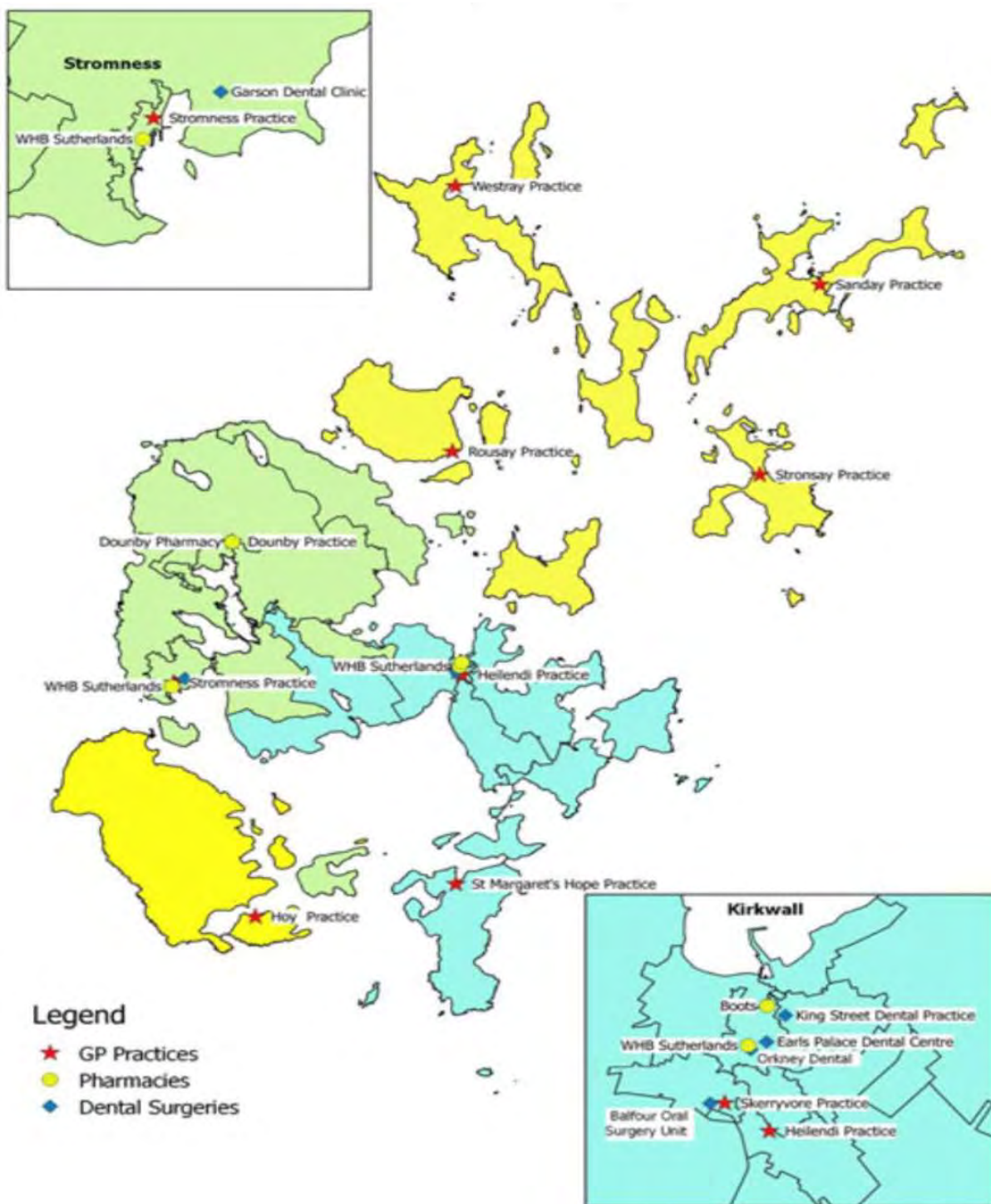
SW7 - PROPORTION OF CARE SERVICES GRADED 'GOOD' OR BETTER IN CARE INSPECTORATE INSPECTIONS



The second lowest measure was “Proportion of care services graded ‘good’ or better in Care”. Following a successful review of Hamnavoe House during 2021/22 the score has improved. More inspections are expected over 2022/23, which will impact on this score, although it is hoped that those areas inspected will be able to either maintain or improve upon their previous scores.

To support further improvement to this measure the Orkney Health and Social Care Partnership has committed to ensuring that those services with grades less than good, develop action plans to meet any recommendations and to improve the grade.

Orkney Health and Social Care Partnership Localities



Locality Planning

Presently, Orkney has two localities: the Isles and the Mainland, with the Mainland split between the East and West Mainland. The Orkney IJB is also a key partner in the Orkney Partnership Board's planning arrangements, taking responsibility for community level governance, and setting priorities for their areas.

The legislation requires that, in addition to establishing an IJB, we are also required to establish at least two 'localities' for the purpose of planning services at a local level. Given that the Community Planning Partnership has identified its priority locality as the Isles, it was anticipated that this geographical match would foster a co-ordinated planning approach to address health inequalities in the Isles.

Localities should play a key role in the strategic planning process and our local GPs and other health and care professionals, along with people who use services and people who are unpaid carers will, through the Strategic Planning Group, have an influential voice in determining how the Orkney IJB plans and commissions services that deliver improvements in the nine health and wellbeing outcomes, set by Scottish Government.

One of the areas of outstanding work from the last report is the development of a Localities Plan to sit alongside the Strategic Plan.

Locality Data

As with many areas, one of the main challenges with locality data has been the continuation of postponed reporting, resulting in reduced availability of data over 2021/22 during the COVID-19 pandemic.

Where data is available the performance has generally maintained with many areas above the Scottish scores. However we have witnessed some significant reductions in some areas when compared to previous years as shown:

- Up to 93% of adults can look after their health well or very well. (Reduced 1%).
- 90% of people in Orkney feel they are supported to live as independently as possible. (Reduced 8%).
- 62% of adults feel they have a say in how their care or support is provided. (Reduced 24%). Comparatively Scotland scores 71%.
- 57% of adults supported at home who agree that their health and social care services seemed to be well co-ordinated. (Reduced 26%). Comparatively Scotland scores 66%.
- 91% of adults in Orkney receiving care or support rate it as excellent or good. (Increased 1%) Compared to the Scottish figures (75%) we score 16% higher.
- GP practices are highly rated throughout Orkney, with 88% (Reduced 7%) of adults having a positive experience; this is far greater than the Scottish figure of 67%.
- 81% of adults in Orkney feel their services and support improved their quality of life. (Reduced 6%).

- Percentage of carers who feel supported to continue within their caring role remains low at 43% (Increase of 2%). Comparatively, Scotland scores 30% in this measure.
- 85% of supported adults in Orkney felt safe at home. (Reduced 14%).

Further analysis, allowing for a break down at locality level within our communities, is unavailable for most indicators between 1-9 this year. Challenges due to COVID-19 made collation of this data nationally difficult and, as can be seen on the next page, many areas for the Isles and Orkney West remain incomplete.

Within measures 11-20, data is displayed for information purposes on National Indicators 12, 13, 14, 15 and 16. At present, Quarter 4 data for these measures are running through the quality checks and the verification process and, as such, are not available to report, at this stage.

National Indicator 15, the 'Proportion of last six months of life spent at home or in a community setting' shows 95% of people within Orkney are supported to spend their last 6 months of life in home or community settings. This is positive, demonstrating we continue to support choice and help those to spend their final days amongst family, and within their communities.

Locality Performance

Local Integration Indicators (Core Suite)

Indicator	Title	Orkney	Scotland	Orkney West	Isles	Orkney East
NI – 1	Percentage of adults able to look after their health very well or quite well	93%	91%	94%	93%	92%
NI – 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	90%	79%	...	...	...
NI – 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	62%	71%	...	...	...
NI – 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	57%	66%	...	...	...
NI – 5	Percentage of adults receiving any care or support who rate it as excellent or good	91%	75%	...	...	...
NI – 6	Percentage of people with positive experience of care at their GP practice	88%	67%	89%	92%	86%
NI – 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	81%	78%	...	...	...
NI – 8	Percentage of carers who feel supported to continue in their caring role	43%	30%	41%	43%	42%
NI – 9	Percentage of adults supported at home who agreed they felt safe	85%	80%	...	...	...

Note: '...' Data suppressed or incomplete and awaiting quarterly updates.

Orkney Integration Joint Board Annual Performance Report

NI – 12 Emergency admission rate (per 100,000 population)
Scottish National Rate:10,951

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	1,388	2,560	1,822	2,517	2,260	2,637	2,933	2,759	1,721	2,342	2,119	2,565

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	2,821	2,778	1,997	2,691	2,617	2,923	2,230	2,281	2,677	2,375	2,008	2,151

Orkney Integration Joint Board Annual Performance Report

NI – 13 Emergency bed day rate (per 100,000 population)
Scottish National Rate: 74,459

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	15,929	13,325	24,219	28,863	14,289	17,405	19,238	21,764	12,908	18,470	17,312	22,693

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	22,135	13,411	11,545	12,674	20,877	23,322	16,406	15,327	19,075	19,235	12,972	16,335

NI – 14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
Scottish National Rate: 120

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	72	38	52	94	82	86	86	83	49	63	80	68

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	61	52	45	88	81	92	52	39	71	70	37	63

Orkney Integration Joint Board Annual Performance Report

NI – 15 Proportion of last 6 months of life spent at home or in a community setting
Scottish National Average: 90.3%

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	92%	97%	86%	95%	92%	93%	91%	93%	95%	92%	92%	95%

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	93%	97%	91%	98%	91%	90%	94%	92%	91%	92%	91%	95%

Orkney Integration Joint Board Annual Performance Report

NI – 16 Falls rate per 1,000 population aged 65+
Scottish National Rate: 21.7

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	2	3	2	2	3	3	6	5	2	6	3	7

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	2	-	-	3	3	4	3	5	4	3	3	6

Approaches to Service Community Led Support



Community Led Support

Community Led Support is an approach that encourages communities and local organisations, such as churches and local voluntary organisations, to run and manage local services designed around the needs of local communities. These organisations work alongside the people who use the services to be responsive and relevant to the needs of the local community. This can be through providing church run lunch clubs, local transport solutions, or simply places to meet to reduce isolation and loneliness.

The key element is that the people using services have a say in how they are run and managed. This approach builds on the strong foundation within local community areas.

Unfortunately, the pandemic struck just as the Blethers were becoming established and resources had to be redeployed to meet the needs of those most vulnerable in our communities. The COVID-19 Community Support Hub was opened on 30 March 2020, hosted at the Pickaquoy Centre and became an example of a Blether by another name, albeit one that people phoned into for support, as opposed to face-to-face contact.

During the first lockdown, over 800 people were asked to shield as a result of underlying health conditions and Hub staff, redeployed from across OIC, worked alongside local Social Work teams and Allied Health Professionals to support shielding people with weekly welfare calls.

Many parishes and islands led their own successful community support efforts and the Community Led Support approach continues to be a strategic priority for the period 2022 – 2025. Lessons learned are being taken from these experiences as plans for Community Led Support look to move forward, designing further collaborative approaches and engagement with communities.

Technology Enabled Care



The Tech Peer Mentor project was set up following a successful bid for funding by VAO and the Orkney Health and Social Care Partnership from the Scottish Government's lead agency for Digital Health and Social Care, TEC Scotland. The project received funding under the Transforming Local Systems (TLS) Programme, which aims to evaluate the Scottish Approach to Service

Design whilst delivering technology-based solutions. TEC Scotland is "...a Scotland-wide programme overseen by the Scottish Government, designed to significantly increase citizen choice and control in health, wellbeing and care services."

The four Lead Partners in the TLS Programme are: Midlothian, Aberdeen, Highlands and Islands and East Ayrshire. There are a number of other local authority areas that are included in the TLS Programme as Named Partners to a matched Lead Partner. The Orkney project is a Named Partner to East Ayrshire. Orkney and East Ayrshire were matched as the East Ayrshire project has a focus on the Irvine Valley area, which has shared features with Orkney, such as demographics and a rural location. The Tech Peer Mentor project sits within the project portfolio of VAO, in Orkney's vibrant third sector.

The overall aim of the Tech Peer Mentor project is to promote awareness, understanding, and uptake of Technology Enabled Care, in Orkney. It will promote TEC solutions in service delivery and offer peer mentoring support to organisations that are developing services incorporating digital and TEC solutions, to meet the health and social care needs of Orkney's citizens. The project also seeks to improve access and choice in health and social care through enhancing the digital and TEC skills, knowledge, and confidence, of both workers and citizens.

The TEC programme has worked closely with a wide array of age groups. The ages of these clients can be seen below:

Age	<15	15-24	25-34	45-54	55-64	65-74	75-84	85-94	95-105
No. of Clients	0	<5	<5	<5	<5	<5	6	8	<5

* Where there are less than 5 in an age group true number has been hidden to protect identities.

The programme has seen a number of successes throughout Orkney through the use of a TEC library, used as a focal point for raising awareness, and giving the community an opportunity to learn more about the technology and its uses in health and social care.

One of the biggest achievements has been the introduction of the Komp device. The device is loaned to users who are often supported by family members, by installing the device and supporting elderly relatives to learn how to use it. Currently, there is approximately a two-month waiting list for people within the community to borrow this device. The Komp device has proven its ability to reduce social isolation and bring

additional benefits to those who have had use of the device. An image of the Komp device can be seen below.



One person who trialled the device fed back:

'The parents absolutely love the Komp and they decided to buy one after just having it for a couple of days. He was really worried about what they would do if it hadn't arrived by the time the trial ended and how they would manage without it. They both love watching the photos that are uploaded. Mum doesn't remember each day that it's there but we have uploaded old photos of her dad and she is delighted every day when she sees them and she says 'There's dad!' Their daughter video calls them from America and it works really well, no problems. It works much better than the iPad which they were getting really anxious about and had stopped using it because it was so difficult for them. They love seeing the photos of the grandchildren. I use it to send reminders like 'It's Thursday today. The lady will be coming round to make lunch later' and similar. The customer support was really helpful and transferred everything over to the new Komp after it arrived. No problems setting up the new Komp.'

It has been clear throughout the involvement with citizens that increasing digital inclusion, through support with digital skills or through the use of technology that does not require the user to make use of any digital skills, has led to significant benefits for individuals and often their family members also, these have included:

- Greater independence.
- Improved communication.
- Access to services.
- Enhanced wellbeing through having the opportunity to pursue personal interests.

In addition to having greater access to the benefits of digital technology, many have greatly appreciated time spent with them, going at their own pace, enabling them, with their families, to feel included, through person-centred care approaches.

Care Inspections

Care Inspectorate Service Grades



Health and Social Care services delivered by statutory and non-statutory providers are regularly monitored and inspected, in a range of ways, to give assurance about the quality of people's care.

The Orkney IJB is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

Orkney directly provides a number of services, which are subject to a rolling programme of independent inspection from the **Care Inspectorate**. Inspections assure us that services are working well and highlight areas for improvement. The inspectors examine the overall quality of care and support, staffing, management and leadership, and the environment that care has on people's individual needs. Managers use the inspection findings to prioritise their continuous improvement work plans.

Care Homes

In July 2018, the Care Inspectorate introduced a new framework for inspections of care homes for older people. The new approach remains familiar to people who have experienced inspections in recent years; however, it better reflects Scottish Government's new Health and Social Care standards, and provides more transparency around what is expected. The new Quality Framework for Care Homes for Older People is structured around the six questions:

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?
6. How good is our care during the COVID-19 pandemic?

An additional sixth question was added to measure support during COVID-19 within our care home services:

The Evaluation table below provides the grades our services received using a six-point scale:

6.	Excellent.	Outstanding or sector leading.
5.	Very good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weaknesses – priority action required.
1.	Unsatisfactory.	Major weakness – urgent remedial action required.

	Care & Support	Leadership	Staffing	Setting	Planning	Covid Support
Aurrida House	5	3				
Braeburn Court	5		5			
Rendall Road	4		3			
Care at Home Services	4	4				
Glaitness Centre	4			5	4	
Hamnavoe House	4	3				
Kalisgath and Very Sheltered Housing	5					
Smiddybrae House	5	4	5	3	5	
St Colm's Respite Bungalow	4				4	
St Rognvald House	3					2

Over 2021/22, inspections continued to be limited due to the changing environment surrounding COVID-19. Although visits were recommenced, Orkney has had no visits over this reporting period for the services below.

Evaluation of Services as of April 2022

Service	Date	Care and Support	Environment	Staffing	Management and Leadership
Adoption and fostering	02/09/2019	3	N/A	N/A	3
Aurrida House	21/05/2019	5	N/A	5	N/A
Braeburn Court (Housing Support and Support Services)	05/11/2019	4	N/A	4	4
Care at Home (Housing Support and Support Services)	31/10/2019	5	N/A	N/A	4
Disability Resource Support Accommodation (Glaitness)	03/04/2019	4	N/A	N/A	N/A
Family Focus Service (Aurrida House)	09/11/2016	4	4	5	4
Gilbertson Centre	06/07/2017	4	N/A	4	4
Glaitness Centre (Support Services)	03/04/2019	4	4	N/A	4
Kalisgarth and Very Sheltered Housing	14/06/2018	4	N/A	4	3
Kalisgarth Day Centre	10/10/2019	5	4	N/A	3
Orkney Responder Service	10/10/2019	5	N/A	4	N/A
Lifestyle Service	31/10/2019	5	5	5	5
Learning Disability Services - Supported Living Network (Housing Support and Support Services)	21/06/2016	3	N/A	5	3
Rendall Road	24/04/2019	4	N/A	3	N/A
Sunnybrae Centre	23/05/2019	5	N/A	4	N/A
West Mainland Day Centre	18/06/2017	4	4	5	4

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes have been mentioned within the locality context within this report however they apply across all integrated health and social care services, ensuring that health boards, local authorities, and integration authorities are clear about their shared priorities, by bringing together responsibility and accountability for their delivery.

The National Health and Wellbeing Outcomes also provide one of the mechanisms by which the Scottish Ministers measure the performance of health and social care. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes focusses on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make for individuals.

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2020/21), Orkney placed in the following positions compared with every other Health and Social Care Partnership (HSCP) area throughout Scotland:

Indicator	1	2	3	4	5	6	7	8	9
Position	5th	1st	30th	29th	1st	1st	8th	2nd	7th

The Carer's Support indicator (indicator 8) should be highlighted as, while Orkney is ranked second, it is not a good news story. This indicator relates to how well carers feel supported to continue in their caring role and only 42% of carers report that they feel supported. Carers' health and well-being could be at risk and, if we lose this vital workforce, we could face greater demands upon already stretched services, which may result in poorer outcomes. However, this is not unique to Orkney, throughout Scotland the score is 30% with only Shetland scoring higher with 45% of carers feeling supported to within their caring role.

Many of the issues around waiting times are due to the inability to recruit. Where there are small teams any staff absence could reduce the capacity by 50% in some services.

There is a national shortage in recruiting to specific posts. The Scottish Government has recognised some of these issues and has provided additional investment, for example a commitment to increase Mental Health workers.

The most recently released date for these outcomes is presented on the following pages.

Nine National Health and Wellbeing Outcomes

These indicators are only released every two years. The published information available is as follows:

Indicator	Description	2013/14	2015/16	2017/18	2019/20	2021/22
Adult Health	Percentage of adults able to look after their health very well or quite well	97%	96%	96%	95%	93%
Independence	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	89%	87%	100%	98%	90%
Engagement	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	88%	74%	83%	86%	62%
Coordinator of Services	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	83%	71%	91%	83%	57%
Adult Support	Total percentage of adults receiving any care or support who rated it as excellent or good	92%	82%	94%	90%	91%
GP Care	Percentage of people with positive experience of the care provided by their GP practice	96%	98%	94%	93%	88%
Quality of Life	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	98%	87%	97%	87%	81%
Carers' Support	Total combined percentage of carers who feel supported to continue in their caring role	51%	49%	49%	41%	43%
Feeling Safe	Percentage of adults supported at home who agreed they felt safe	89%	82%	98%	99%	85%

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Local Indicators

Due to the impact of COVID-19, the way these measures are collected has been impacted; as such they have been measured over different time scales.

Indicator	Description		2015	2016	2017	2018	2019	2020	2021
Premature Mortality Rate	Premature mortality rate (per 100,000 persons by calendar year)	Orkney	378.5	285.1	432.1	335.6	319.4	307.7	293
		Scotland	440.5	439.7	425.2	432	425.8	457.4	470.6
Intensive Care Needs at Home	Percentage of adults with intensive care needs receiving care at home	Orkney	74%	70%	63%	73%	73%	76%	61%
		Scotland	61%	62%	61%	62%	63%	63%	65%

Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

Indicator	Description		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021
Emergency Admissions	Emergency admission rate (per 100,000 persons)	Orkney	11,055	9,515	9,962	10,719	10,002	9,675	10,773
		Scotland	12,295	12,229	12,211	12,280	12,525	10,952	11,636
Emergency Bed Days	Emergency bed day rate (per 100,000 population)	Orkney	92,674	85,582	84,502	85,474	88,776	73,459	85,450
		Scotland	127,609	126,007	122,571	120,007	118,574	101,115	109,429
Readmissions	Readmission to hospital within 28 days (per 1,000 population)	Orkney	78.7	77.6	80.4	82.1	66.9	76.4	76.1
		Scotland	98.1	101.0	102.8	103.4	104.8	120.1	109.6
End of Life – Care Setting	Proportion of last 6 months of life spent at home or in a community setting	Orkney	92%	92%	91%	90%	90%	93%	92%
		Scotland	87%	87%	88%	88%	88%	90%	90%
Falls Rate	Falls rate per 1,000 population aged 65+	Orkney	22.0	20.7	16.6	15.5	17.0	16.2	14.7
		Scotland	21.1	21.4	22.2	22.5	22.8	21.7	23.0

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			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Quality of Services – Care Inspectorate	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	Orkney	74%	74%	84%	78%	74%	76%	71%
		Scotland	83%	84%	85%	82%	82%	82%	76%
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged for people aged 75+ (per 1,000 population)	Orkney	382	434	381	111	467	368	470
		Scotland	915	841	762	793	774	484	761
Emergency Admission Costs	Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	Orkney	19.9%	19.5%	20.1%	19.7%	20.3%	-	-
		Scotland	23.2%	23.3%	24.1%	24.1%	24.2%	-	-

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 (*Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency*) beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

Full comparison of these figures to our Partnership Peer Group and Scotland is seen on the following page.

Health and Social Care Partnership Peer Group

Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland and the Western Isles.

HSCP	NI1	NI2	NI3	NI4	NI5	NI6	NI7	NI8	NI9
Aberdeenshire	94%	78%	74%	63%	76%	58%	78%	31%	76%
Argyll and Bute	91%	75%	67%	66%	69%	78%	77%	38%	86%
Dumfries and Galloway	92%	77%	75%	70%	76%	75%	84%	31%	87%
Highland	92%	87%	72%	72%	83%	59%	84%	29%	86%
Orkney Islands	93%	90%	62%	57%	91%	88%	81%	43%	85%
Scottish Borders	93%	73%	63%	59%	74%	66%	71%	29%	77%
Shetland Islands	93%	90%	78%	70%	83%	84%	94%	45%	78%
Western Islands	93%	83%	72%	71%	83%	80%	84%	41%	88%
Scotland	91%	79%	71%	66%	75%	67%	78%	30%	80%

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed they are supported to live as independantly as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good
NI - 6	Percentage of people with positive experience of care at their GP practice
NI - 7	Percentage of adults supported at home who agree that their service and support had an impact on improving or maintainning their quality of life
NI - 8	Percentage of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agree they felt safe

HSCP	NI11	NI12	NI13	NI14	NI15	NI16	NI17	NI18	NI19	NI20
Aberdeenshire	372	17,161	77,865	106	92%	17.1	77%	61%	281	23%
Argyll and Bute	391	8,507	104,253	91	91%	27.8	80%	72%	584	23%
Dumfries and Galloway	453	15,386	130,553	96	90%	19.5	80%	72%	799	27%
Highland	413	19,185	106,529	113	92%	14.5	80%	57%	1,051	23%
Orkney Islands	293	1,982	85,450	76	92%	14.7	71%	61%	470	20%
Scottish Borders	351	9,947	121,675	102	88%	18.9	78%	58%	1,009	20%
Shetland Islands	367	1,633	56,765	72	95%	18.3	89%	74%	343	13%
Western Islands	430	13,842	124,939	106	91%	24.8	79%	63%	1,305	20%
Scotland	471	11,636	109,429	110	90%	23	76%	65%	761	24%

NI - 11	Premature mortality rate per 100,000 persons
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergenc bed day rate (per 100,000 population)
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resources spent on hospital stays where the patientwas admitted in an emergency

NI 1 to 9 and 17, 18 and 19 are displayed as 2020/21

NI11 to 16 shown as 2021 Calendar Year

NI 20 is shown as 2019/20 with no later data available

Financial Performance

Revenue Expenditure Monitoring Reports were presented at Orkney IJB meetings throughout the year. The purpose of the reports is to set out the current position and projected financial year end out-turn.

The budget within each Party was as follows:

Partner Organisation	Opening Budget	Additional Allocations	Full Year Budget
	£000	£000	£000
Orkney Islands Council	20,699	1,638	22,337
NHS Orkney	26,760	8,257	35,017
NHS Orkney Set Aside	7,435	1,648	9,083
Total Allocation	54,894	11,543	66,437

The year end was a balanced position and in addition there was an increase in earmarked reserves of **£3.801**.

The £3.801 million, in addition to the reserves of £2.323 million from 2020/21, was in relation to funding received for specific services, some at a late stage, which was not fully utilised and, therefore, will be held within earmarked reserves. Within this figure there is unutilised COVID-19 funding which will be carried forward for use in 2022/23.

Throughout the 2021/22 financial year there was significant financial pressures highlighted within the Revenue Expenditure Monitoring Reports as follows:

Children and Families – Social Work services have been experiencing high levels of sickness absence for a considerable length of time, including key leadership and management roles, all of which has had a significant impact on the service's ability to deliver effective and statutory social work services to children, young people and their families. Some of this is related to the need for staff members to remain at home due to initial COVID-19 restrictions. However, it is anticipated some sickness absence will be long term and combined with significant recruitment challenges, this has resulted in the need to employ locum staff.

Most importantly, the statutory requirement to provide social work services for children and young people, particularly in the field of Child Protection, requires the ability to respond to need quickly. Temporary arrangements to ensure this capacity have incurred significant, additional, unfunded expenditure.

These additional posts are essential at this time to ensure proper review planning and improvement work is undertaken, following the findings of the Joint Inspection Report, from February 2020, of Services for Children and Young People in Need of Care and Protection in Orkney.

There are also additional costs for residential care within Orkney due to the children's house being at full capacity. The requirement for placements outwith the

local authority area have also increased for children who require a more specialist service, that cannot be provided in Orkney.

Care At Home/ Day Care – The demand for Care at Home continues to grow as the ageing population increases. Once an assessed need has been identified and agreed, budget availability cannot be a deciding factor on provision of service, due to the current eligibility criteria.

The introduction of self-directed support became an enabler for service users whereby they can choose to either have an in-house service, funding to employ their own personal assistant or ask for another agency to provide the care. This means that there is more choice for service users and, where an in-house service is at full capacity, there are other options to receive care. Unfortunately, due to the high demand, there has been no ability to reduce the in-house provision, and no significant investment within the last few years to meet the pressures within the service.

Prescribing – Prescribing can be a difficult budget to manage as it is demand-led and, this financial year, has seen an increase within the unit price and volume. The UK's exit from the European Union has also caused more uncertainty.

Workforce – Recruitment is increasingly difficult, as there are national shortages of qualified staff. There has also been feedback that, due to shortages within the housing rental market, some successful candidates have had to decline positions within the partner organisations.

Set Aside – Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services used by the partnership population is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. The overspends within the Set Aside are in relation to high levels of absence through COVID-19, and an inability to recruit to permanent medical posts, has increased costs in relation to locums and agency staff. Significant effort has been given to recruitment, with some progress made very recently in filling some long-standing medical vacancies, on a permanent basis.

The main financial pressures within the Set Aside budget are in relation to unfunded posts, and increases in drug prices and growth have been greater than the inflationary uplift. The increase in budget throughout the year can be shown as follows:

Budget Reconciliation	£000
Opening Budget	7,435
Pay and Other Uplifts	299
Medical Staffing and Locums	668
Staffing Transfer	624
Open University Backfill	57
Revised Budget	9,083

The figures used above have been taken from the Annual Accounts, which are currently going through the external audit process. These figures will only receive final approval at the Performance and Audit Committee, on 28 September 2022.

Audit Reports

The Audit Committee (renamed the Performance and Audit Committee on 22 March 2022) met on the following dates over 2021/22 and discussed the following key areas relating to this report:

[23 June 2021](#)

- Internal Audit Report 2020/21 – By Azets.
- Internal Audit Protocol – by Council Internal Audit.
- Internal Audit Charter 2021/22 – by Council Internal Audit.
- Internal Audit Strategy and Plan 2021/22 – by Council Internal Audit.

[17 November 2021](#)

- External Audit Report to those charged with Governance – Audit Scotland.
- Adoption Allowances and Kinship Payments – by Council Internal Audit.

[16 March 2022](#)

- External Audit Annual Strategy and Plan 2022/23 – Audit Scotland.
- Internal Audit Strategy and Plan 2022/23 – by Council Internal Audit.
- Internal Audit Risk Management Review – by Council Internal Audit.
- Internal Audit Information Governance and Data Sharing – by Council Internal Audit.

By clicking on the dates above, readers will be taken to the pages for each meeting where reports can be viewed under “related downloads”.

Performance Summary 2021/22

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities report on the Core Suite of Integration Indicators in their Annual Performance Reports within four months of the end of the reporting period.

Normally, the end of the reporting period would be 31 March; however, due to ongoing data completeness issues, Public Health Scotland has advised Integration Authorities to report on calendar year 2021 rather than financial year ending 31 March 2021 for most indicators. Financial year comparisons are now possible for only 4 of the measures.

For this data 2021 has been used as proxy for the 2021/22 financial year; however, we can state the following:

- Emergency admission rates have increased 9,675 to 10,773 per 100,000 population. This is an increase of 11% and the first year to see an increase in three years.
 - Although the increase is mirrored across all localities the largest increase is in the isles Quarter 1.
 - Orkney remains one of the top performers amongst the peer group for this measure.
- Emergency attendances have increased by 1,076 attendances (22%) over 2021/22. (4,784 2020/21 to 5,860 2021/22).
 - This is in part an effect of the COVID-19 pandemic where in the first 6 month after lock downs began, attendances at the Emergency Department reduced significantly for a prolonged period.
 - Core 4-hour treatment target for the Emergency Department did reduce slightly compared to the previous reporting year dropping from 97% to 95.7% for 2021/22. This in part will be due to the significant increase in demand highlighted above.
- Emergency bed day rate (per 100,000 population) increased by 6% (11,991 bed days) from 73,459 to 85,450 however this remains lower than the rate seen in 2019/20.

This overview of first point of contact at the Emergency Department shows that there has been a significant increase in demand over 2021/22. Despite the 22% increase in attendances overall performance remained good. At first point of contact there is a 95.7% average for the 4-hour core treatment measure; this is above the National Scottish target of 95%. As would be expected the increase in attendances has resulted in an increase in the emergency admission rate from 9,675 to 10,773 per 100,000. This is an increase in the rate of 1,098 equating to 11%.

The readmission rate within 28 days per 1,000 discharges decreased slightly by 0.4% to 76.1 over 2021. Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2021, with only Shetland remaining lower. Both Orkney and Shetland sit well below the Scottish rate of 110 readmissions per 100,000. At locality level in Orkney all areas followed similar trends

to that of Orkney as a whole, the largest reductions were seen in Orkney East in the latter parts of 2021/22.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission decreased by 9% in Orkney, over 2021. The 2021 Orkney fall rate was the second lowest across Scotland and represented the fifth year in a row where the falls rate was lower than the Peer Group and the National rate. The only peer group member with a lower falls rate than Orkney is Highland, with a rate of 14.2 falls per 1,000 population whereas Orkney is currently 14.7. Due to locality data quality assurance, we do not have access to data for all quarters, for example the isles only have verified data for Quarters 1 and 4 of 2021/22 and more in-depth analysis is not available. However, we can see there is a reduction in falls across both Orkney East and West.

Over 2021/22 the proportion of care services graded 'good' or better in Care Inspectorate Inspections has reduced by 5% from 76% to 71%. When compared to our peer group, Orkney is now bottom of this measure, and 5% lower than that of the Scottish rate. Across Scotland this reduction was seen across almost all partnerships, with the Scottish score in this measure also reducing from 82% to 76%. Although this is far from where we would hope to be there is opportunity to improve upon this measure with Care Inspectorate visits recommencing as the recovery phase of the pandemic progresses.

Over 2021/22 the number of days people aged 65+ spend in hospital when ready to be discharged increased from 368 to 470 days per 1,000 population, an increase of 27.7% equating to 102 days. Comparatively this increase has been seen throughout Scotland with the Scottish figure increasing significantly from 484 to 761 days, an increase of 57.23% equating to an increase of 277 days. Compared with our peer group Orkney is currently the third best performer for this measure.

There has been a slight decrease over 2021/22, in the proportion of people who spent the last six months of life in the community across Orkney. This measure was previously compared per calendar year, however the data is now available in financial year terms, as seen in previous years. In 2020/21 the percentage was 93% and this has now decreased to 92% in 2021/22, which has mostly maintained the improvement in this measure. The same trend appears across the Peer Group with the likely cause being a continued national focus on providing care within the community where possible. Compared nationally, Orkney is now the second-best performer in this measure, with Shetland the only area scoring slightly higher at 95%. Orkney also places above the Scottish average of 90%.

Conclusion

The COVID-19 pandemic and management of the recovery continues to be a focus for the Orkney IJB, and managers across the Health and Social Care Partnership. Meeting the health and care needs of the community, and delivering services in a safe and effective way, has continued to take precedence, over the last twelve months. As a result, many of the strategic priorities have not progressed as far as would have been expected, over 2021/22.

It is evident from the reduction in many of the measures that Orkney has felt the strain of the COVID-19 pandemic; however, this has not been unique to Orkney with many of the partnerships throughout Scotland seeing significantly reduced scores. Despite these significant challenges, and the reduction in scores, the Orkney IJB has shared many achievements with partners and the wider community, as demonstrated in this report. These successes, although not seen within the national measures, have included, increased learning throughout the pandemic; improvement within our children's services; development and investment in our mental health services, and a wide array of tests of change and new ways of working being progressed.

We continue to have significant recruitment challenges across health and social care, with an over reliance on agency and locum staff. Associated retention issues compound the vacancy levels and actions will be prioritised to identify potential solutions, working alongside NHS Orkney, Orkney Islands Council and our Staff side colleagues to ensure a co-ordinated approach to this sector wide issue.

2022/23 will see continued change and development in many key areas, such as mental health. With the recruitment of additional senior staff and additional funding, provide much needed additional support to mental health services, an area of pressure not unique to Orkney, and seen throughout Scotland.

As Scotland moves into the recovery phase of the COVID-19 pandemic, it will be imperative to continue capturing learning from COVID-19, and to embed new ways of working into daily life. Safe and effective care will continue to be delivered in a timely manner, with a focus on improving outcomes in response to performance findings.

For Further information

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